



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF THE STATE EPIDEMIOLOGIST

PO BOX 369

TRENTON, N.J. 08625-0369

www.nj.gov/health

JON S. CORZINE
Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

NJDHSS Communicable Disease Service Weekly

Statewide Influenza Activity Summary

Week Ending March 24, 2006

Influenza level of activity: "REGIONAL ACTIVITY"

From September 20, 2005, to date 1,389 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending March 24, 2006:

- Number of influenza A culture confirmed cases: 96
- Number of influenza B culture confirmed cases: 4

This is the twenty-sixth week of the 2005-06-influenza season in New Jersey. For the fourth week in a row, the NJDHSS Communicable Disease Service was not notified of any respiratory outbreaks in any of the schools or health care institutions in the state. The number of influenza A and influenza B culture positive isolates continues to decrease.

Rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.20% and 4.90% respectively. The rate for school absenteeism is 4.82%. Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight decrease in the number of positives.

A few of the county percentage parameters showed figures well above the total average (see 21Mar06.pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Overall, this week's ILI surveillance parameters are slightly lower when compared with last week's or the same period in previous seasons. This week's level of influenza activity in the state of New Jersey remains at "REGIONAL ACTIVITY". The final weekly ILI surveillance report for this flu season should be expected next week (week ending March 31, 2006) if this trend continues.

Severe influenza associated pediatric illness surveillance system:

The NJDHSS, Communicable Disease Service continues to monitor influenza associated severe illness and death in the pediatric population. To date, the NJDHSS Communicable Disease Service has not received any associated death report meeting the established criteria as stipulated in the surveillance protocol.

National weekly ILI surveillance report:

According to the CDC's latest influenza weekly activity level report for week 10 (March 05 – March 11, 2006), influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. One influenza-associated pediatric death was reported during week 9. The Centers for Disease Control and Prevention has received reports of 14 influenza-associated pediatric deaths which occurred during the current influenza season. Twenty-five states reported widespread influenza activity; 16 states including New Jersey reported regional influenza activity; 3 states, New York City and the District of Columbia reported local influenza activity; while 6 states and Puerto Rico reported sporadic influenza activity. For more information go to: <http://www.cdc.gov/flu/>

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The Ministry of Health in Cambodia has confirmed the country's fifth case of human infection with the H5N1 avian influenza virus, in a 3-year-old girl from Kampong Speu Province, west of Phnom Penh in the southern part of the country. To date the cumulative number of laboratory-confirmed human cases of avian influenza A/(H5N1) reported to WHO stands at 185 including 104 deaths. WHO reports only laboratory confirmed cases. WHO has just released an advisory recommendation on the use of Oseltamivir (Tamiflu) for both treatment and prophylaxis of influenza. According to the recommendation, there is no direct clinical trial evidence that shows that Oseltamivir is effective in human H5N1 disease. For more information go to: <http://www.who.int/csr/disease/influenza/en/>

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also, test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: <http://nj.gov/health/fluinfo/index.html>
- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>